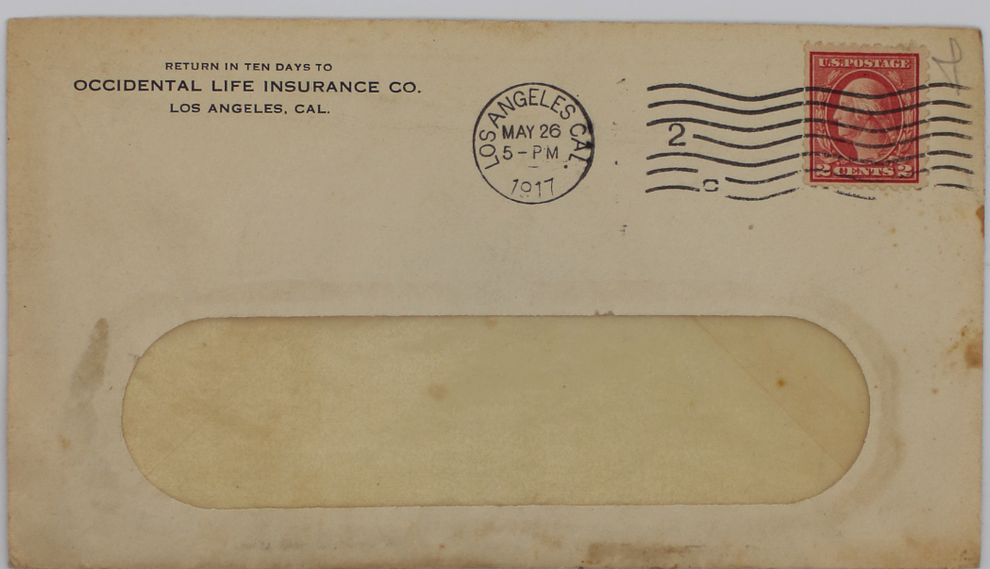
RETURN IN TEN DAYS TO
OCCIDENTAL LIFE INSURANCE CO.
LOS ANGELES, CAL.
LOS ANGELES CAL.
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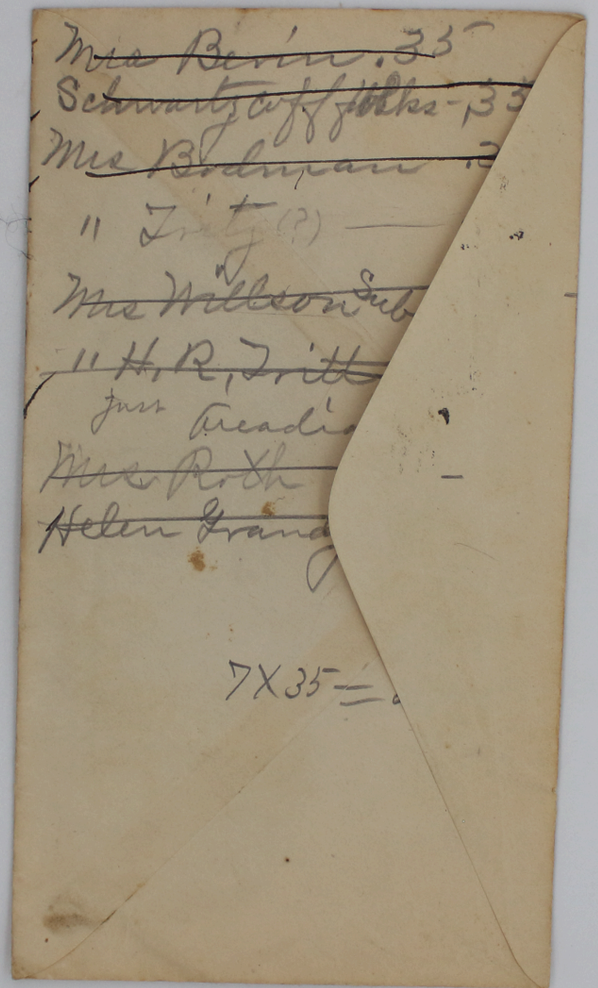
Mrs Bevin .35
Schwartzkopf folks .35
Mrs Bodmann
11 Zitz (?)
Mrs Wilson Sub
11 H. R. Zitz
Jurs Arcadia
Mrs Roth
Helen Grand
7X35 =

Form 1660. 20M-5-15

PLEASE RETURN THIS NOTICE WITH YOUR REMITTANCE

Monthly Payment, Accident and Health Department

Occidental Life Insurance Company

Los Angeles, California

May 25" 1917.

Mr. Geo. N. Grandy,

Box 94-Arcadia, Cal.

A monthly payment of $ 2.00 on your Accident and Health Policy No. 15939, will be due the first day of June and in order that your Policy may be kept in continuous force, kindly remit to this office on or before that date.

DO NOT ALLOW YOUR POLICY TO LAPSE

Make your payments promptly and keep your Policy in force

To avoid errors, please write your name and postoffice address plainly upon this blank and *return same with your Receipt Book and remittance.*

Name .....

P. O. Address where notices and receipts are to be sent .....

Div No. 132